



## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST						
NAME(Last)	(First)	(Middle)	TELEPHONE			
NAME(Last)	(Filst)	(Middle)	TELEPHONE			
MIRIKITANI	Richard	к.	808/548-4890			
MAILING ADDRESS (Street)			FAX			
P.O. Box 898900			808/548-2975			
(City)	(State)	(Zip	(Zip Code)			
Mililani, HI 96789		1	·			
11111an1, 111 70707		•				
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)  TELEPHONE						
		<b>,,</b> ,				
n/a						
MAILING ADDRESS (Street)			FAX			
(City)	(State)	(Zip	(Zip Code)			
		•				

NAME OF ORGANIZATION YOU L	TELEPHONE 808/548-4811		
Castle & Cooke Proper			
MAILING ADDRESS (Street)		FAX	
P.O. Box 898900		808/548-2975	
(City)	(State)	(Zip Code)	
Mililani, HI 96789			
NAME OF PERSON RESPONSIBLE F	OR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Harry A. Saunders		808/548-4811	
MAILING ADDRESS (Street)		FAX	
MAILING ADDINESS (Sussey		000/5/0 2075	
P.O. Box 898900		808/548-2975	

PART	III DESCRIPTION	OF SUBJECTS UPON V	VHICH YOU EXPECT TO LOBBY					
~	Agriculture	✓ Education	✓ Human Services	<ul> <li>Science, Technology &amp; Economic Development</li> </ul>				
	Communications & Public Utilities	<ul> <li>Government Operation</li> <li>Finance</li> </ul>	ons & / Intergovernmental Relation International Affairs	ns, / Tourism & Recreation				
1	Consumer Protection & Commerce	Hawaiian Affairs	_ Labor & Employment	Transportation				
	Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)				
	Ecology, Energy Environmental Protection	✓ Housing	Public Safety & Correction	s				
PART IV CERTIFICATION OF LOBBYIST								
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.								
I AlaCh			/	2.30.04				
(Signature of Lobbyist)			(Date)					
PART	V AUTHORIZATIO	N TO LOBBY						
NAME			TITLE OF AUTHORIZING OFFIC	CER OR PERSON REPRESENTED				
Harry	A. Saunders		President					
NAME O	F ORGANIZATION (if app	olicable)		TELEPHONE				

Castle & Cooke Properties, Inc.

MAILING ADDRESS (Street)

P.O. Box 898900

(City)

(City)

(State)

(Vip Code)

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)